



## Training Information

**Training Date:** October 16-18, 2019  
**Application Deadline:** October 7, 2019

**Location:** Byron Dobson Arena, 55 Biggs Dr, Riverview, NB E1B 3Y8

Cost: \$595 plus GST – Flat Rate for All Participants

Payment:  Please invoice me upon acceptance.  
 I paid online by Credit Card using the link below

Pay online using Credit Card at the following link: <https://form.jotform.com/92333616583258>

The following **Cancellation Fees** will be applied upon cancellation in accordance with notice as per the following schedule:

- 4 or more weeks → Full refund
- 10 working days → 50% refund
- Less than 10 working days → 0% refund

Name : \_\_\_\_\_

Address: \_\_\_\_\_

<i>Street Address</i>	<i>Unit #</i>
<i>City</i>	<i>Province</i> <i>Postal Code</i>

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

Special Dietary Needs or other relevant information: \_\_\_\_\_

## Background Information, Prerequisites and Required Documentation

**1. List the completed dates for the HIGH FIVE<sup>®</sup> Principles of Healthy Child Development (PHCD) and QUEST 2 Trainings.**

Course	Date	Location
PHCD		
QUEST 2		

**2. List at least 3 References whom may be contacted by HIGH FIVE<sup>®</sup> and ask one of them to write a reference letter which includes answers to the following questions:**

- a) In which of the following areas does the Applicant have experience in: facilitation, education, recreation and sport?
- b) Do you feel that the Applicant has a child-centered philosophy?
- c) What are some personal attributes that the Applicant has that would enable them to be an exceptional Trainer?

Name	Position	Organization	Telephone
A.			
B.			
C.			

**3. Please attach answers to the following questions to your application.**

- a) Have you ever been disciplined or investigated for child related incidents? If so, please describe the details and outcomes.
- b) Why do you wish to become a HIGH FIVE<sup>®</sup> Trainer?
- c) Why do you believe you are an ideal candidate to become a HIGH FIVE<sup>®</sup> Trainer? Please consider:
 

- Facilitation experience	- Child-centred philosophy
- Education	- Personal attributes that will enable you to be an exceptional Trainer
- Experience in the recreation and sport sector	



## Consent for use of Personal Information

By completing this form, you are consenting to the use of your personal information for the purpose of providing you with a login and password to access the HIGH FIVE<sup>®</sup> Database and to receive communications from HIGH FIVE<sup>®</sup> and/or the Authorized Provider.

You may withdraw such consent at any time by contacting the Authorized Provider and/or the HIGH FIVE<sup>®</sup> Privacy Officer who will advise the implications of such withdrawal.

**HIGH FIVE<sup>®</sup> does not sell or distribute your personal information to any third party.**

## Application Requirements

To register please complete and forward the following at least 9 days before the workshop to the address below:

- This Application
- Reference letter
- Responses to questions 3. a, b, and c.
- Copy of your Resume

*Recreation New Brunswick  
70 Melissa Street  
Fredericton, New Brunswick  
Tel: 506-459-1929 ext. 3*

*E-Mail: [pmorrison@recreationnb.ca](mailto:pmorrison@recreationnb.ca) Website: [www.HIGHFIVE.org](http://www.HIGHFIVE.org) or [www.recreationnb.ca](http://www.recreationnb.ca)*

The Authorized Provider will review the completed Trainer Application form and requested attachments. Please refer to the HIGH FIVE<sup>®</sup> Trainer Candidate Information Package for details regarding the selection process and criteria.

## Terms and Conditions

In consideration of acceptance of my candidacy as a Trainer, I agree as follows:

1. That I have read the HIGH FIVE<sup>®</sup> Trainer Agreement and HIGH FIVE<sup>®</sup> Policies and Procedures which forms the basis of my agreement, upon acceptance, with the Authorized Provider.
2. To abide by the HIGH FIVE<sup>®</sup> Trainer Agreement and the HIGH FIVE<sup>®</sup> Policies and Procedures.
3. To endorse the HIGH FIVE<sup>®</sup> quality assurance framework and Commitment to Children Policy.
4. That I have reviewed the Trainer Candidate Information Package.
5. That all information provided to the Authorized Provider and/or HIGH FIVE<sup>®</sup> is accurate and correct.
6. That the Authorized Provider reserves the right to revoke my status as a HIGH FIVE<sup>®</sup> Trainer as outlined in the HIGH FIVE<sup>®</sup> Trainer Agreement.
7. That I have sought or obtained, or have had the opportunity to seek and obtain, independent legal advice concerning the matters in the HIGH FIVE<sup>®</sup> Trainer Agreement and HIGH FIVE<sup>®</sup> Policies and Procedures to execute this agreement knowingly and voluntarily.
8. My acceptance as a HIGH FIVE<sup>®</sup> Trainer and execution of the HIGH FIVE<sup>®</sup> Trainer Agreement is upon signature of the Authorized Provider below.
9. I acknowledge and accept that I may receive periodic communications from HIGH FIVE<sup>®</sup> via email regarding updates to trainings, products and services offered by HIGH FIVE<sup>®</sup>.

### Trainer

\_\_\_\_\_  
Trainer Candidate Name

\_\_\_\_\_  
Trainer Candidate Signature

\_\_\_\_\_  
Date

### Trainer Candidacy Application Accepted by the Authorized Provider

\_\_\_\_\_  
Authorized Provider

\_\_\_\_\_  
Date